

tilation syndroms (OHS), "which emphasizes the abnormal ventilation found in these patients."

I would suggest a slight modification in the suggested name change in order to emphasize all three parts of the triad. My suggestion is *obesity, hypoventilation and somnolence syndrome* (OHS syndrome).

Abbreviations are becoming a first-class problem in every field. In medicine, different interpretations are placed on the same abbreviation depending on the field of medicine or science the listener relates to. According to *The Doctor's Shorthand* by Cole,¹ OHS is unclaimed. Curiously I can find no abbreviation for syndrome. To me it would seem best if all three parts of the triad were in the abbreviation and the word *syndrome* followed it so that future generations of physicians would have a clue as to what the initials stood for.

ROBERT HAWKINS, MD
Santa Barbara, California

REFERENCE

1. Cole F: *The Doctor's Shorthand*. Philadelphia, WB Saunders, 1970

Community Hospital Continuing Medical Education

TO THE EDITOR: Alvin Lee Block's letter "Community Hospital Continuing Medical Education—A Missed Opportunity" in the January issue correctly emphasizes the benefits of programing most educational activities at community hospitals. More and more hospitals in California are now accredited by California Medical Association (CMA) surveyors to plan and produce educational programs. The quality and relevance of these pro-

grams varies widely and in fact cannot really be monitored by the CMA.

Several reasons for ineffective programs can be mentioned: (1) Few doctors in community hospitals have experience or training in planning problem-oriented educational programs, the usual recourse being to get an "interesting speaker," preferably on a topic of general interest. (2) Although recommended by CMA, the design of educational programs is therefore often not based on patient care problems. As a result, (3) the visiting expert may not focus his lecture on what the audience needs and wants to hear.

To deal with these points, this medical school has developed a system which provides professional educators (not physicians) to serve community hospitals as itinerant directors of medical education. They meet with hospital education committees to plan programs tailored to the needs of the medical staff, and the medical school provides appropriate faculty experts who plan their lectures and discussions to address the specific educational objectives. In all cases attempts are made to derive these objectives from demonstrated or clearly felt problems of local doctors.

This system seems to work in a large metropolitan area, and adaptations may be needed for areas not close to a medical school. Nevertheless, with some imagination and interest in encouraging the development of community hospitals as the major sites for physicians' continuing medical education, similar systems can be developed that can serve the needs of most doctors.

DAVID G. COVELL, MD
Coordinator, Community Hospital Network
University of Southern California
School of Medicine, Los Angeles